

FAMILY STATUS CHANGES

FAMILY TO INDIVIDUAL HEALTH COVERAGE

- 1) The employee must complete and sign the following:
 - ◆ GIC Insurance Enrollment and Change Form (Form-1)
 - ◆ Beneficiary Designation Form 319 (one to three beneficiaries) or Nomination of Beneficiary Form G-500 (four or more beneficiaries or special designations such as estate or trust) – if requesting a change
- 2) The employee must provide proof of where the spouse and/or dependents will be covered for health insurance before the changes will be allowed. Acceptable proof of other coverage includes a copy of other health insurance card or a letter from the spouse's employer. Without this proof the GIC can deny the request for coverage change. In the case of death, a copy of the death certificate is required.
- 3) Verify that the forms above are completed accurately and completely. Ensure that both you and the employee have signed and dated all forms.
- 4) Photocopy completed GIC forms and proof of other coverage and file them in the employee's personnel file.
- 5) Send **original** signed forms to the GIC along with the proof of other coverage.

INDIVIDUAL TO FAMILY HEALTH COVERAGE

- 1) The employee must complete and sign the following:
 - ◆ GIC Insurance Enrollment and Change Form (Form-1)
 - ◆ Beneficiary Designation Form 319 (one to three beneficiaries) or Nomination of Beneficiary Form G-500 (four or more beneficiaries or special designations such as estate or trust) – if requesting a change
 - ◆ Insurance Data Form (IDF)
 - For spousal coverage – copy of marriage certificate.
 - For former spouse – provide following sections of divorce decree: page with absolute date, signature page, health insurance language, and former spouse's address.
 - For dependent coverage under age 19 – copy of birth certificate(s) – the GIC must be able to link dependent to insured or spouse.
 - For student coverage age 19 or over – Student Verification form (Indemnity, Navigator, POS or HMO version) and a copy of birth certificate.
 - ◆ HMO or POS Application - if one of these plans selected.
- 2) Verify that the forms above are completed accurately and completely. Ensure that both you and the employee have signed and dated all forms.
- 3) Photocopy completed GIC forms and file them in the employee's personnel file.
- 4) Send **original** signed forms to the GIC; if enrolled in the HMO/POS, send the application directly to the Plan.

MOVING OUT OF HMO/PLUS/PPO'S SERVICE AREA OR OUT OF STATE

- 1) Obtain from employee proof of address change, such as utility bill or Purchase and Sale agreement.
- 2) Have employee complete Insurance Enrollment and Change Form (Form-1) indicating their choice of new health plan.
- 3) Photocopy forms and proof of address change and file them in employee's personnel file.
- 4) Send proof of address change and **original** signed Insurance Enrollment and Change Form (Form-1) to the GIC.
- 5) The GIC will determine the coverage effective date and will notify the former and new health plan.
- 6) The new health plan will send the employee ID cards and handbooks.

NAME AND ADDRESS CHANGES

The GIC must be notified of all enrollee name and address changes:

- 1) Instruct the employee to complete and sign Insurance Enrollment and Change Form (Form-1) with his/her new address.
- 2) Review and sign Insurance Enrollment and Change Form (Form-1).
- 3) Photocopy the form and file it in the employee's personnel file.
- 4) Send the **original** signed Insurance Enrollment and Change Form (Form-1) to the GIC.

AGE BAND CHANGE

The GIC sends each agency a report of all employees' age changes who have elected optional life insurance and/or Long Term Disability (LTD). The report is sent the month of their birthday(s) and includes the following information:

- Employee name
- GIC Identification Number
- Date of birth
- Age

- Old age band
- Old age band premium
- New age band
- New age band premium

Upon receipt of this report, update your payroll system to reflect the new amount of LTD and/or optional life insurance premium. The effective date of the new amount of optional life insurance and/or LTD coverage is the first date of the second month following the age change.

PRE-TAX PREMIUM DEDUCTIONS

If an employee has one of the following qualifying events, he/she may opt out of pre-tax basic life and health insurance premium deductions:

- marriage or divorce
- birth or adoption of a child
- spouse or dependent dies
- spouse commences, or is terminated from employment
- employee or spouse takes an unpaid leave of absence
- employee involuntarily loses health insurance through no fault of his/her own

To process these changes:

- 1) The employee completes and signs the Pre-Tax Basic Life and Health Insurance Plan Election Not to Participate Form.
- 2) The form is forwarded to the agency's payroll department. The payroll person updates the payroll system to reflect the employee's pre-tax change election.
- 3) File the **original** form in the employee's personnel file. **You do not need to send the GIC anything.**

WITHDRAW COVERAGE

For insureds who want to cancel their GIC life and/or health insurance coverage:

- 1) Employee completes and signs GIC Insurance Enrollment and Change Form (Form-1) with cancel coverage box(es) checked.
- 2) If employee is withdrawing from health insurance and he/she has family coverage, the employee must provide proof of where spouse and/or dependents will be covered once GIC coverage is cancelled. Acceptable proof examples: copy of health insurance card or letter from spouse's employer. Without this proof, the GIC can deny the request to withdraw coverage
- 3) Photocopy Insurance Enrollment and Change Form (Form-1) and proof of other coverage (if applicable) and file in employee's personnel file.
- 4) Send **original** Insurance Enrollment and Change Form (Form-1) and proof of other coverage (if applicable) to the GIC.

DIVORCE

In accordance with Massachusetts General Law M.G.L.-Chapter 32A Section 11a, the GIC must be informed of all divorces. Failure to notify the GIC may result in financial consequences to the employee and/or former spouse.

- 1) Collect from the employee the former spouse's address and copies of the following sections of the divorce decree:
 - ◆ Page with the absolute date
 - ◆ Health insurance language
 - ◆ Signature pages
- 2) Forward these documents to the Director of Operations at the GIC.

REMARRIAGE

If an employee or former spouse remarries, the GIC must be notified. Inform the employee that, in accordance with Massachusetts Laws MGL-32A Section 11a, failure to report a divorce or remarriage may result in financial consequences to the employee or former spouse.

Depending on the health insurance language in the divorce decree, the GIC will offer the former spouse COBRA coverage or a divorced spouse rider. The GIC will contact both the employee and former spouse directly.

FOR REMARRIAGE OF AN EMPLOYEE

- 1) Collect from the employee:
 - ◆ Completed, signed Insurance Enrollment and Change Form (Form-1).
 - ◆ Copy of new marriage certificate.
 - ◆ Insurance Data Form (IDF).
- 2) Forward these documents to the Director of Operations at the GIC.

FOR REMARRIAGE OF A FORMER SPOUSE

Instruct the employee to send the remarriage date in writing to the Director of Operations at the GIC

HANDICAPPED DEPENDENT COVERAGE

An unmarried child of an insured who, upon attaining age 19 is mentally or physically disabled and incapable of earning his/her own living may be eligible for continued GIC coverage. The disability must have taken place prior to age 19. Family coverage is required.

- 1) Employee calls the GIC to request a Handicapped Dependent application.
- 2) Employee and Dependent's physician must complete the application and send it to the GIC.
- 3) The GIC will review the application for eligibility and will notify the insured of its decision.

- 4) The GIC sends periodic re-certification forms for continuation of handicapped dependent coverage to the employee.

DEPENDENT STUDENT COVERAGE

Unmarried dependent coverage ends at the end of the month in which the dependent turns age 19. If a dependent is a full-time student, the employee must apply for student coverage and, if approved, must re-certify student eligibility twice a year. Student coverage ends at the end of the month in which the student ceases to be a full-time student. Family coverage is required.

To apply for student coverage, instruct the employee to complete the Statement of Verification for Student Coverage Form for the health plan in which the employee has coverage. Mailing instructions are on the form.

Employment Changes

HOURS REDUCED TO LESS THAN PART-TIME

If an employee falls below 18³/₄ hours in a 37.5-hour workweek or 20 hours in a 40-hour workweek, the employee is no longer eligible for GIC benefits. The GIC Coordinator must complete Insurance Enrollment and Change Form (Form-1) on behalf of the employee, checking the Termination box 9 and entering "reduced work hours" or "less than part time" as the termination reason and the effective date of this change.

- 1) Photocopy the completed Insurance Enrollment and Change Form (Form-1) and file in the employee's personnel file.
- 2) Send the **original** Insurance Enrollment and Change Form (Form-1) to the GIC.

The employee may elect to continue coverage, depending on length of service, according to the guidelines and procedures listed in the TERMINATING STATE SERVICE section of this manual.

HOURS REINSTATED TO PART-TIME OR MORE

If an employee resumes at least part-time status (18³/₄ hours in a 37.5 hour workweek or 20 hours in a 40 hour workweek) after his/her GIC coverage has been terminated, the employee is considered a new hire. He/She is subject to the coverage waiting period outlined at the beginning of this manual. Follow the NEW HIRE procedure.

OPTIONAL LIFE INSURANCE REDUCTION

If an employee requests a reduction in optional Life Insurance:

- 1) Employee completes and signs GIC Insurance Enrollment and Change Form (Form-1).
- 2) Review and sign Insurance Enrollment and Change Form (Form-1).
- 3) Photocopy Insurance Enrollment and Change Form (Form-1) and file in employee's personnel file.
- 4) Send **original** Insurance Enrollment and Change Form (Form-1) to the GIC.

AGENCY TRANSFER

When an employee transfers from one state agency to another:

- 1) Complete GIC Insurance Enrollment and change Form (Form-1) on behalf of the employee:
 - If employee transferring to another state agency, check box 7 and indicate the name of the agency the employee is transferring to and the effective date.
 - If employee transferring from another state agency, check box 8 and indicate the name of the agency the employee is transferring from and the date.
- 2) Photocopy completed GIC Insurance Enrollment and Change Form (Form-1) and file in the employee's personnel file.
- 3) Send **original** Insurance Enrollment and Change Form (Form-1) to the GIC.

SALARY CHANGE

If an employee's salary changes and he or she has elected LTD and/or optional life insurance with automatic increase ensure that the following procedures take place:

- 1) Complete and sign GIC Insurance Enrollment and Change Form (Form-1) on behalf of the employee indicating the new salary and effective date. ***[Note: You as a GIC Coordinator cannot indicate the employee's smoker status.]***
- 2) Verify that the form is completed accurately and completely.
- 3) Photocopy Insurance Enrollment and Change Form (Form-1) and file in employee's personnel file.
- 4) Send **original** Insurance Enrollment and Change Form (Form-1) to the GIC.
- 5) Update your payroll system to reflect the new amount of LTD and/or optional life insurance premium. The effective date of the new amount of optional life insurance and/or LTD coverage is the first date of the second month following the salary change. The Coordinator determines the effective date for the increase in coverage and coordinates the corresponding payroll deduction for a retroactive pay increase.